## United States Patent and Trademark Office

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|---|---|---|---|---|
| 09/575,118 | 05/23/2000 | Paul Lapstun | NPA012US | 9159 |

7590    07/31/2002

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393 Darling Street
Balmain,
AUSTRALIA

| EXAMINER |
|---|
| JORGENSEN, LELAND R |

| ART UNIT | PAPER NUMBER |
|---|---|
| 2675 | 8 |

DATE MAILED: 07/31/2002

Please find below and/or attached an Office communication concerning this application or proceeding.

PTO-90C (Rev. 07-01)

| SERIAL NUMBER | FILING DATE | FIRST NAMED APPLICANT | ATTORNEY DOCKET NO. |
|---|---|---|---|
| 09/575118 | 05/23/00 | | |

| EXAMINER |
|---|
| L. Jorgensen |

| ART UNIT | PAPER NUMBER |
|---|---|
| 2675 | 8 |

DATE MAILED:

## INFORMALITY RE PAYMENT OF FEE

The informality regarding the payment of the fee in connection with ☐ the original filing fee ☑ the amendment filed _07-25-02._ is indicated below.

## A. FEE DUE

1. ☐ The amendment is considered incomplete in that the funds in Deposit Account No. _____ are insufficient to cover the entire fee due. The balance is due within the period set below.

2. ☐ The amendment is considered an incomplete response, in that payment of $ _____ is insufficient to cover the claims as shown in the attached Patent Application Fee Determination Record. Remittance is due within the period set below.

3. ☑ The amendment has not been entered, since applicant has failed to remit (or authorize charge to a Deposit Account) the fee as indicated on the attached Patent Application Fee Determination Record. Remittance or authorization is due within the period set below.

4. ☐ The filing fee of $ _____ submitted in this application is insufficient.

   A balance of $ _____ is due for additional claims.

5. ☑ Patent Application Fee Determination form Attached.

APPLICANT IS GIVEN THE REMAINDER OF THE SET PERIOD FOR RESPONSE, OR ONE (I) MONTH FROM THE DATE OF THIS LETTER, WHICHEVER IS LONGER, WITHIN WHICH TO REMIT THE FEE OF $ _392.00_ .

## B. EXCESS PAYMENT:

5. ☐ It is noted that payment of $ _____ is in excess of the amount necessary to cover the claims now in the application. See the attached Patent Application Fee Determination Record.

   This matter of refund or credit to your account is being referred to the Finance Officer, for his consideration.

Laticia Tyson
CLERK OF GROUP

PTOL-319 (REV. 3-82)                                    USCOMM-DC 82-3838-P82

# PATENT APPLICATION FEE DETERMINATION RECORD
## Effective October 1, 2001

**Application or Docket Number**
09/575118

## CLAIMS AS FILED - PART I

| | (Column 1) | (Column 2) |
|---|---|---|
| TOTAL CLAIMS | | |
| FOR | NUMBER FILED | NUMBER EXTRA |
| TOTAL CHARGEABLE CLAIMS | 33 minus 20= | * 13 |
| INDEPENDENT CLAIMS | 2 minus 3 = | * 0 |
| MULTIPLE DEPENDENT CLAIM PRESENT | | ☐ |

**SMALL ENTITY TYPE** ☑ **OR** **OTHER THAN SMALL ENTITY**

| RATE | FEE | | RATE | FEE |
|---|---|---|---|---|
| BASIC FEE | 370.00 | OR | BASIC FEE | 740.00 |
| X$ 9= | 117 | OR | X$18= | |
| X42= 39 | 0 | OR | X84= | |
| +140= 130 | 0 | OR | +280= | |
| TOTAL | 462 | OR | TOTAL | |

* If the difference in column 1 is less than zero, enter "0" in column 2

## CLAIMS AS AMENDED - PART II

07-25-02

### AMENDMENT A

| | (Column 1) CLAIMS REMAINING AFTER AMENDMENT | | (Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR | (Column 3) PRESENT EXTRA |
|---|---|---|---|---|
| Total | * 57 | Minus | ** 33 | = 24 |
| Independent | * 6 | Minus | *** 3 | = 0 |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | ☐ |

**SMALL ENTITY** OR **OTHER THAN SMALL ENTITY**

| RATE | ADDITIONAL FEE | | RATE | ADDITIONAL FEE |
|---|---|---|---|---|
| X$ 9= | 216 | OR | X$18= | |
| X42= | 126.00 | OR | X84= | |
| +140= | | OR | +280= | |
| TOTAL ADDIT. FEE | 342.00 | OR | TOTAL ADDIT. FEE | |

### AMENDMENT B

| | (Column 1) CLAIMS REMAINING AFTER AMENDMENT | | (Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR | (Column 3) PRESENT EXTRA |
|---|---|---|---|---|
| Total | * | Minus | ** | = |
| Independent | * | Minus | *** | = |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | ☐ |

| RATE | ADDITIONAL FEE | | RATE | ADDITIONAL FEE |
|---|---|---|---|---|
| X$ 9= | | OR | X$18= | |
| X42= | | OR | X84= | |
| +140= | | OR | +280= | |
| TOTAL ADDIT. FEE | | OR | TOTAL ADDIT. FEE | |

### AMENDMENT C

| | (Column 1) CLAIMS REMAINING AFTER AMENDMENT | | (Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR | (Column 3) PRESENT EXTRA |
|---|---|---|---|---|
| Total | * | Minus | ** | = |
| Independent | * | Minus | *** | = |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | ☐ |

| RATE | ADDITIONAL FEE | | RATE | ADDITIONAL FEE |
|---|---|---|---|---|
| X$ 9= | | OR | X$18= | |
| X42= | | OR | X84= | |
| +140= | | OR | +280= | |
| TOTAL ADDIT. FEE | | OR | TOTAL ADDIT. FEE | |

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.